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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTOI	NEY DOCKET NO.	CONFIRMATION NO.
10/001,643 TITLE OF INVENTION	10/31/2001 I: IN VIVO MULTIPHO	TON DIAGNOSTIC DE	Bradley T. Hyman TECTION AND IMAGIN	G OF A NEUROD		603/3541 (CRF RATIVE DISEASE	2817
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$0 \$1055		01/05/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	1			
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CFR 1.363).  Change of corress Address form PTO'S	lence address or indication condence address (or Cha B/122) attached. dication (or "Fee Address 02 or more recent) attacks.	ange of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered name, or agent and the names of up to 2 registered patent antenneys or agents. If no name is listed, no name will be printed.				
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